DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

[X] Submitted with Initial Filing	[] Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)
Attorney Docket No.: 36214	Application Number:
First Named Inventor: Theodore C. Wensink	Filing Date:
	Group Art Unit:
	Examiner Name:
As a below named inventor, I hereby declar	re that:
My residence, post office address, and citizenship a	are as stated below next to my name.
I believe I am the original, first and sole inventor original, first and joint inventor (if plural names are is claimed and for which a patent is sought on the ir	listed below) of the subject matter which
DUAL-CIRCUIT REFRIGER	RATION SYSTEM
the specification of which (check only one item below	ow)
[X] is attached hereto,	•
ÓR	
[] was filed on (MM/DD/YYYY) a PCT International Application Number (MM/DD/YYYY) (if applicable).	as United States Application Number or and was amended on
I hereby state that I have reviewed and understand to specification, including the claims, as amended by a above.	
I acknowledge the duty to disclose information which in 37 CFR 1.56.	ch is material to patentability as defined

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As a named inventor, I hereby appoint practitioners at Customer No. 000116 as my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all correspondence to Customer Number 000116.

Please direct all correspondence and inquiries to Michael W. Garvey at (216) 579-1700.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Notary Public, State of Indiana
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My Commission Expires Aug. 1, 2009

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